

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

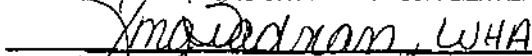
 PRINTED: 09/18/2013
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445302	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/16/2013
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF ELIZABETHTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1641 HIGHWAY 19E ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview it was determined hazardous areas were not protected. The findings include:</p> <p>1. Observation and interview with the maintenance staff on September 16, 2013 at 1:40 PM confirmed The activities office was used for storage of combustibles and was not provided with a door closer.</p> <p>2. Observation and interview with the maintenance staff on September 16, 2013 at 2:06 PM confirmed the communication room had an unsealed 4-inch sleeve penetrating the ceiling.</p> <p>These findings were verified by the Maintenance Staff and acknowledged by the Administrator during the exit conference on September 16, 2013.</p>	K 029	<p>1. <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u></p> <p>a. A door closure was mounted on the activity's office door on September 19, 2013 by the maintenance assistant.</p> <p>b. The 4 inch sleeve penetrating the ceiling in the communication room was sealed with 3M fire caulk by the maintenance assistant on September 17, 2013.</p> <p>2. <u>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u></p> <p>a. All residents residing in the facility have the potential to be affected by the alleged deficient practice. The director of maintenance and the maintenance assistant audited all of the other doors and penetrations in the facility to ensure no other deficient practices by October 4, 2013.</p> <p>b. No other deficient practices were found.</p> <p>3. <u>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</u></p> <p>a. The director of maintenance will educate 100% of the maintenance assistants by November 2, 2013 regarding life safety regulation related to penetrations and door closures on combustible storage rooms.</p> <p>b. The director of maintenance will make facility rounds to audit for compliance for 3 months and report results of audits to the executive director.</p>	11/2/13	
K 147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p>	K 147	<p>1. <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u></p>	11/2/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Executive Director

10-4-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

OCT 07 2013

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K 147	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to assure power strips were maintained, not piggybacked with extension cords, and were not used for medical devices in 12 of 51 observed resident rooms. The findings include: Observation and interview with maintenance staff on September 16, 2013 between 10:00 AM and 2:15 PM confirmed The following: 1. Damaged power strip cord in room 314. 2. Extension cord piggybacked into a power strip in room 134. 3. Medical devices such as oxygen concentrator's, feeding devices and hospital beds were plugged into power strips in rooms 102, 116, 129, 139, 208, 218, 307, 321, 314, 306, and 332. These findings were verified by the Maintenance Staff and acknowledged by the Administrator during the exit conference on September 16, 2013.	K 147	<p>a. The damaged power strip cord in Room 314 was removed immediately by maintenance assistant on September 16, 2013.</p> <p>b. The extension cord piggybacked into a power strip in room 134 was removed immediately by the maintenance assistant on September 16, 2013.</p> <p>c. The medical devices in rooms 102, 116, 129, 139, 208, 218, 307, 321, 314, 306, and 332 were unplugged from power strips and plugged directly into outlets by the maintenance assistant on September 16, 2013.</p> <p>2. <u>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u></p> <p>a. All residents residing in the facility have the potential to be affected by the alleged deficient practice. The director of maintenance and maintenance assistants will audit all resident rooms to assure power strips are not being used to power medical devices by November 2, 2013.</p> <p>b. The maintenance director will ensure all other medical equipment is in compliance.</p> <p>3. <u>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</u></p> <p>a. The director of maintenance will educate 100% of the maintenance assistants by November 2, 2013 regarding life safety regulation related to the non-use of power strips with medical equipment.</p> <p>b. The director of maintenance will make facility rounds to audit for compliance for 3 months and report results of audits to the executive director.</p>	11/2/13	

OCT 07 2013